761551N25A - SH-AD (11/90)

COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

DATE: September 15, 2005

OFFICE CORRESPONDENCE FILE:

FROM: JOHNNY G. JURADO, COMMANDER
LEADERSHIP & TRAINING DIVISION

TO: MARILYN E. BAKER, CAPTAIN
EAST LOS ANGELES STATION

SUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS NON-HIT SHOOTING, JANUARY 23, 2005, REVIEW #2137568/2137560**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on January 23, 2005.

The Committee met on September 15, 2005 and consisted of myself and Commanders Robert Binkley (FOR III), Kenneth Brazile (Commander of the Department), and Eric Smith (Leadership and Training Division). The Committee determined the use of force by Deputies Hugo Ramos #[redacted] and [redacted] #[redacted] was within Department policy.

Please advise the sergeant and deputies of this finding.

JGJ:MAH:mh

Los Angeles County Sheriff's Department
Supervisor's Report on Use of Force

Incident Information

URN:	405-00899-0281-055	Date:	01/23/05	Time:	2320 hrs.
Location:	Floral Drive east of Mc Donnell Ave., East Los Angeles				
City or Station:	East Los Angeles				
Bureau/Station/Facility:	Region II /East Los Angeles Station	Admin. Investigation: YES ☐ NO ☒			

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
428380	Mosquera	John	C.

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
[redacted]	Moreno	Abel	A.	Sgt.	YES ☐ NO ☒	YES ☐ NO ☐
					YES ☐ NO ☐	YES ☐ NO ☐

Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
[redacted]	Somoano	Ignacio	

Watch Commander

Emp. #	Last Name	First Name	Middle Name
[redacted]	Sisneros	GREG	K.

Watch Commander's Signature: ____________________ Emp #: __________

Copy Provided to Employee by: ____________________ Emp #: __________

Supervisor Completing Form: Gregory L. Key (Print) Emp #: [redacted]

Unit Commanders Signature: ____________________ Emp #: __________ Date Signed: __________

PSTD Use Only

FO# 2137560

Original: Unit Commander
Copy: P.S.T.D.Headquarters, Employee

SH-R-438 Rev. 10/98

See Reverse

Supervisor's Report on Use of Force

URN: 405-00899-0281-055

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE APPLIED

(Only One Code Per Block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Type of Injury (Code)	Body Part (Code)
E#1	S#1	FH	NN	
E#1	S#1	TD	NN	
S#1	E#1	FH	NN	

See Front Side

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE INFORMATION

URN: 405-00899-0281-055

Involved Employee

E1

Employee #	Last Name	First Name	Middle Name
[redacted]	Ramos	Hugo	F.

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
☒ Male ☐ Female	H.	East Los Angeles Station	Unit 21/ EM

Shift:		Age:	Height:	Weight:
☒ EM ☐ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	507	165

Medical Exam/Treatment	If Admitted, Name of Hospital:	Coroner Case #	
☐			Directed Force ☐ Significant Force ☒

E_

Employee #	Last Name	First Name	Middle Name

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
☐ Male ☐ Female			

Shift:		Age:	Height:	Weight:
☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty			

Medical Exam/Treatment	If Admitted, Name of Hospital:	Coroner Case#	
☐			Directed Force ☐ Significant Force ☐

E_

Employee #	Last Name	First Name	Middle Name

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
☐ Male ☐ Female			

Shift:		Age:	Height:	Weight:
☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty			

Medical Exam/Treatment	If Admitted, Name of Hospital:	Coroner Case#	
☐			Directed Force ☐ Significant Force ☐

E_

Employee #	Last Name	First Name	Middle Name

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
☐ Male ☐ Female			

Shift:		Age:	Height:	Weight:
☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty			

Medical Exam/Treatment	If Admitted, Name of Hospital:	Coroner Case#	
☐			Directed Force ☐ Significant Force ☐

E_

Employee #	Last Name	First Name	Middle Name

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
☐ Male ☐ Female			

Shift:		Age:	Height:	Weight:
☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty			

Medical Exam/Treatment	If Admitted, Name of Hospital:	Coroner Case#	
☐			Directed Force ☐ Significant Force ☐

E_

Employee #	Last Name	First Name	Middle Name

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
☐ Male ☐ Female			

Shift:		Age:	Height:	Weight:
☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty			

Medical Exam/Treatment	If Admitted, Name of Hospital:	Coroner Case#	
☐			Directed Force ☐ Significant Force ☐

See Other Side

Supervisor's Report on Use of Force
SUSPECT INFORMATION

URN: 405-00899-0281-055

Suspect Information

S1

Last Name: Rodriguez			First Name: Sergio		Middle Name: NMN	
AKA Last Name:			First Name:		Middle Name:	
Sex: ☒ Male ☐ Female	Race: H	Street Address: [redacted]		City: [redacted]	State & Zip Code: [redacted]	
Work Phone: [redacted]	Home Phone: [redacted]	Age: 23	Height: 509	D.O.B. 062381	Weight: 210	Armed? ☒
Booking #: 8431657	Primary Charge: 664/197		Secondary Charge:		Criminal History [redacted]	
Hospital Admission? ☐	Rec'd Treatment At:		Coroner Case#:		Mental History ☐	
Under Influence: ☐ YES ☒ NO Substance:			Photos of Suspect's Injuries ☐ YES ☒ NO			

Suspect Interview

Date: 01/24/05	Time: 0814	Audiotape: ☒	Videotape: ☐

Suspect Information

S_

Last Name:			First Name:		Middle Name:	
AKA Last Name:			First Name:		Middle Name:	
Sex: ☐ Male ☐ Female	Race:	Street Address:		City:	State & Zip Code:	
Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed? ☐
Booking #:	Primary Charge:		Secondary Charge:		Criminal History ☐	
Hospital Admission? ☐	Rec'd Treatment At:		Coroner Case#:		Mental History ☐	
Under Influence: ☐ YES ☐ NO Substance:			Photos of Suspect's Injuries ☐ YES ☐ NO			

Suspect Interview

Date:	Time:	Audiotape: ☐	Videotape: ☐

Suspect Information

S_

Last Name:			First Name:		Middle Name:	
AKA Last Name:			First Name:		Middle Name:	
Sex: ☐ Male ☐ Female	Race:	Street Address:		City:	State & Zip Code:	
Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed? ☐
Booking #:	Primary Charge:		Secondary Charge:		Criminal History ☐	
Hospital Admission? ☐	Rec'd Treatment At:		Coroner Case#:		Mental History ☐	
Under Influence: ☐ YES ☐ NO Substance:			Photos of Suspect's Injuries ☐ YES ☐ NO			

Suspect Interview

Date:	Time:	Audiotape: ☐	Videotape: ☐

See Other Side